

Foster Family Home - Corrective Action Report

Provider ID: 1-200002

Home Name: Lorelei Ferrer, CNA

Review ID: 1-200002-1

91-1011 Kumimi Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/15/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification.
Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date